| Signature Walter Witau | land |
|---|------------------|
| Printed name of authorized representative | WALTER ROWLAND |
| Title | GENERAL MINNAGER |
| Date | MARCH 7, 2002 |
| This filing is: original filing | ☐ revised filing |
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PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.

| Section 2 |
|---|
| Local Area 911 Implementation |
| List all individual local areas covered by this report (e.g., Lee County, Virginia): |
| |
| Brown County, Illinois |
| Pike County, Illinois |
| Schuyler County, Illinois |
| outly, much |
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| |
| (a) For each area listed above, identify the emergency response point to which 911 calls will be routed. |
| |
| Brown County, Illinois – To be determined by County |
| Pike County, Illinois - To be determined by County |
| Schuyler County, Illinois – To be determined by County |
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| (b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to |
| route 911 calls to the identified emergency response point. |
| |
| Initial statewide meeting attended March 5, 2002 identifying responsibilities of carrier and counties. Project Planning in |
| progress for all three counties. |
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| | Note: | This is a sample template, it is not an OMB approved form. |
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| Universal 911 Dialing- First Transition Report | | |
| Please read instructions before completing | | |
| Section 1 Carrier Identification Information | | |
| Parent Company Name Adams Telephone Co-Cooperative | | |
| Service Provider Name Adams Telephone Co-Operative | | |
| Company Address, City, State, Zip | | |
| 405 Emminga Rd, Golden IL 62339 | | |
| Service Provider Type Wireless Wireline | | |
| Name(s) of Wireless License Holder(s) | | |
| Contact Name Eugene O'Leary | | |
| Contact Tel # 217/696-4411 | | |
| Fax # 217/696-4811 | | |
| F-mail Address | | |

| co | or each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be ompleted. |
|----------|--|
| Brown | a County - Dependent on County/ will meet 9/11/02 |
| Pike C | County - Dependent on County/ will meet 9/11/02 |
| Schuy | ler County - Dependent on County/will meet 9/11/02 |
| <u> </u> | |
| | |
| [| |
| Sectio | n 3 |
| 911 in | nplementation Problems |
| (a) De | escribe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any |
| omer c | operational problems carrier has experienced during the initial transition stages. |
| Identif | ication of the act requirements to the County |
|] | |
| E | |
| (b) W | here the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to |
| coordi | nate with public safety agencies and state and local authorities. |
| | |
| A state | ewide informational meeting on March 5, 2002 hosted by the Illinois Commerce Commission and Telephone attorned attended by local county representatives and telephone companies. |
| ASSUCI | addon and attended by local county representatives and telephone companies. |
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| Section | 4 |
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| Carrie | igation. To be signed by an anthonical accountation of the surround at |
| Certifi | ication - To be signed by an authorized representative of the reporting entity |
| Certifi | ication - To be signed by an authorized representative of the reporting entity |
| Certifi | I certify that I am an authorized representative of the above-named reporting entity, that I have examined the |
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